



Correctly coding the remote interprofessional consult

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The remote interprofessional consultation is a great example of healthcare achieving new efficiency and getting paid for it. Often, a primary care doctor or specialist will seek advice from a specialist, subspecialist or another kind of consultant via telephone, Internet or electronic health record. There is no face-to-face service; the goal is to eliminate the need for separate, costly and often inconvenient specialist appointments. In many cases providers may be able to sufficiently address the patient's needs through digital communication.

Sound simple? Well, the concept is, but getting paid for it has been another matter – until this year.

The Centers for Medicare and Medicaid Services has unbundled the four existing CPT codes for Interprofessional Consultative Services – 99446-99449. It also created two new codes in 99451-99452 under Interprofessional Internet Consultation services. The new codes further allow the treating provider to be paid for the efforts made in initiating the consultation.

The first series of codes are all based on the amount of time required to provide the consult and information to the treating provider. These can be billed by the consultant provider. Included services are the assessment and management needed and the expertise of the consultant to assist with the diagnosis and/or management of patients' chronic conditions, including heart disease, diabetes, respiratory disease, allergies and others.

The consultative discussion must last at least five minutes, and a verbal and written report to the treating provider should be provided. If the service is less than five minutes, it should not be reported. Individual codes identify the time components required.

The consultative services should be provided by someone with specific knowledge of the condition. The consultant may not have seen the patient within the previous 14 days. The communication should not result in a transfer of care or a scheduled appointment with the consultant within the following 14 days.

The specialist can assist in care management without seeing the patient and it most often occurs when the situation is

urgent or complex in nature. It can be a new or established patient and can be a new problem or exacerbation of a current problem. Discussion should include review of diagnostic findings, medications and pathology results as available based on unique patients. More than half of the time should be in actual discussion, not just the time spent reviewing the patient's information. If there are multiple interactions via phone or internet, the time should be added together and reported with one code.

It is important that the treating physician document the request for the consultation to prove it is medically necessary. The consultant can also report CPT code 99451 for services of five or more minutes that include only a written report from the consulting provider.

The treating provider than can also capture reimbursement with CPT 99452 for initiating the interprofessional consult and utilizing this information in the care of the patient. The 99452 can be reported when the treating provider spends 16-30 minutes preparing for or communication with the consultant. These codes for interprofessional services are limited to providers who can independently report evaluation and management services. While the code descriptors do indicate "consultative physician," other qualified healthcare providers are eligible to report the codes, as long as they are providers who can independently report evaluation and management services. They include nurse practitioners, clinical nurse specialists, certified nurse midwives or physician assistants.

Patients must be made aware that the interprofessional consult is going to occur and give verbal consent, which also must be documented, as there is applicable cost-sharing of the services. There would be requisite copayment due from the patient for each service billed as with all Medicare Part B services. These services should only be undertaken for the benefit of the patient and must be medically necessary. Interprofessional discussions held for edification of a provider, continuing education or shared as a professional courtesy will still occur and should not be separately billable services.